

CITY OF CHICOPEE WATER DEPARTMENT

115 Baskin Drive - Chicopee, MA 01020 413 / 594-3420 • Fax 413 / 594-3461

REQUEST FOR PAYMENT OF CLAIM SUPPORTING INFORMATION

2. HOW was the City aware of the condition(s) or situation(s) that, in your opinion, contributed to or caused the damage involved?

3. WHEN, to your knowledge, did the city become aware of the condition(s) or situation(s) that, in your opinion, contributed to or caused the damage involved?
4. WHEN, specifically did the incident that you were involved in occur?
DAY:
DATE:
TIME:
5. WHERE, specifically did the incident that you were involved in occur? (Please describe the exact location. Please photograph if possible.)
6. WHY, in your opinion, was the city negligent in this matter?
7. WHAT, could the city have done, under the circumstances involved, to prevent this situation?
8. WHEN should the city have taken action noted in your answer to Question #7?

Question#7	7) should	city have known that such action (as described in your answer to I have been taken? (E.g. How would the city know about this matter, was the reported, etc.)
10. WHAT :	SPECIFICA	ALLY IS YOUR CLAIM FOR?
	A.	Property Damage
	В.	Personal Injury
	C.	Other
	or new tii	inion, is the amount that you are requesting the correct cost of your loss? re and previous tire was two (2) days old, ½ cost of replacement needed as years old.)
13. ANY add	ditional c	comments to support your claim?